

## **ADOPT-A-STREET/SPOT PROGRAM**

Date: \_\_\_\_\_

Dear Participant: \_\_\_\_\_

Enclosed is the information needed for you (or your group) to participate in the Adopt-A-Street / Spot program.

This program is coordinated through the City of Lynchburg, Waste Management Division, therefore, we are including the appropriate application and liability forms, which must be filled out and returned.

After completing and mailing the enclosed forms, you may begin the clean-up program. The sign will take approximately 8-10 weeks to make and install.

Please call me at (434) 455-6335 if you have any questions.

Sincerely,

*Amy Lowe*

Amy Lowe  
Adopt-A-Street Coordinator  
Waste Management Division

Enclosures

**City of Lynchburg**  
**Department of Public Works - Waste Management Division**  
**Adopt-A-Street / Spot Agreement**

Return To: Waste Management Division      Date: \_\_\_\_\_  
2704 Concord Turnpike  
Lynchburg, VA 24504

In order to enhance the environment and the appearance of our community, we, the undersigned, request permission to Adopt-A-Street or Spot at the following location (address and / or boundary description):

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Said work will be performed under and in accordance with the City of Lynchburg's terms attached hereto and incorporated herein by reference. Applicants with whom agreement are signed shall at all times indemnify and save harmless the City of Lynchburg, its officers, employees and agents from responsibility, damage, or liability arising from the exercise of the privileges granted under this agreement.

This agreement may be terminated by the City of Lynchburg at any time the applicants do not comply with this agreement or at any time the applicant's work effort is considered unsafe. The City reserves the right to revise or discontinue this program at any time.

**Adopting Group or Individual**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Exact name and spelling to be on sign (please print)

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Permission is hereby given to the forenamed group for the property location named in the aforesaid agreement to be involved in the designated Adopt-A-Street/Spot program administered by the City of Lynchburg, Virginia.

Lynchburg City Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## **AN UNCONDITIONAL RELEASE FOR A MINOR PARENTAL CONSENT FORM**

I give my consent for \_\_\_\_\_ to  
participate in the Adopt-A-Street program sponsored by the City of Lynchburg.

I realize the risk involved in this type of activity and release and discharge the  
City of Lynchburg and its employees from any and all liability for any accidents,  
injuries or disabilities of any nature whatsoever that my child may sustain as a  
result of his / her participation in the Adopt-A-Street program.

**Signed:** \_\_\_\_\_  
***(Parent or Guardian)***

**Date:** \_\_\_\_\_

## AGREEMENT TO PARTICIPATE AND RELEASE

The Lynchburg Public Works Department is sponsoring the Adopt-A-Street program for area organizations and citizens. By deciding to participate in this activity, I understand and acknowledge the accident risk factors involved. I know my own physical capabilities, and I assume all risk liability in order to participate in the Adopt-A-Street program.

In consideration of the City allowing me to participate in the Adopt-A-Street program I do hereby for myself, my heirs, executor, administrators and assigns, forever an release and discharge the City of Lynchburg, its officers, employees and agents from any an all claims, demands, actions, causes of actions, and suits at law or equity, for and on account of any accidents, injuries, disabilities, death, property damage, and all losses and expenses of any nature whatsoever that may be sustained by me as a result of my participation in the Adopt-A-Street program.

Volunteer Signature	Print Name	Date

**WITNESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **Adopt-A-Street / Spot Program Conditions**

1. Any local community, organization, business or individual (*18 years or older*) may adopt a spot or secondary street or primary (streets require 1/2 mile minimum).
2. Participants will be required to adopt the location for two years with a minimum of four clean-ups per year.
3. Groups with members less than 15 years of age must be supervised by an adult. Large groups should be divided into teams of eight or less members, each team supervised by one adult.
4. Participants should review enclosed safety guidelines before each clean up.
5. The adopting group will schedule their own clean-up dates.
6. The adopting group will obtain necessary materials (orange litter bags and orange safety vests) from the Waste Management Office building at 2704 Concord Turnpike. **The adopting person or group will arrange with Waste Management (856-2489) for pick-up and disposal of trash bags. However, you still need to send in your pick-up "Activity Report Form" (enclosed).**
7. After each clean-up, adopting groups/individuals will fill out the Activity Report detailing the number of people involved, number of bags of litter collected, recyclables collected and hours spent during the clean up. Mail or fax completed forms to the address listed on the form.
8. Participants are encouraged to recycle all recyclable items.
9. Adopting groups are encouraged to schedule two of their four clean-ups in April and October to coincide with the state wide litter control cleanup and the state wide recycling month.
10. The City Traffic Engineer will review and approve all Adopt-A-Street / Spot applications.
11. The Waste Management Facility's Administrative Associate, Amy Lowe, will monitor the program, be available to answer questions and lend technical assistance. Ms. Lowe may be reached at 455-6335.
12. The City reserves the right to revise these terms as needed.

***City of Lynchburg***  
**Adopt-A-Street Program**  
**ACTIVITY REPORT FORM**  
***Submit after each clean-up***

Adopting Person  
Or Group: \_\_\_\_\_

Adopted Street: \_\_\_\_\_

Clean-Up Date: \_\_\_\_\_

Number of Persons Participating: \_\_\_\_\_

Number of Hours Clean-Up Took: \_\_\_\_\_

Number of Bags Used: \_\_\_\_\_

Did you recycle any of the trash you collected? \_\_\_\_\_ If so, what and  
approximately how  
much? \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*REMINDER: PLEASE CALL 856-CITY (2489) TO HAVE BAGS PICKED UP \****

Please complete and return this form to:  
City of Lynchburg  
Waste Management Division  
2704 Concord Turnpike  
Attention: Amy Lowe  
Lynchburg, VA 24504  
Or Fax: 847-1457

Any questions?  
Please call: 455-6335

***Thank You!***

We appreciate your participation in this program.  
Lynchburg is now a cleaner place to live because of your involvement!